Professional Licensing Agency

402 West Washington Street Room W072 Indianapolis, IN 46204



Governor of Indiana
Lindsay M. Hyer
PLA Executive Director

Chiropractor License Renewal

Renew online using Access Indiana Single Sign-on at <u>MyLicense.IN.gov</u>. You can also complete and mail this document with the renewal fee of \$100.00 to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after your license expiration you must include a \$50 late fee. If you answer 'Yes' to questions 1-5 below send a detailed statement regarding the response with your renewal form.

| Licensee Name | License Number | Expiration Date | Renewal Fee |
|---|---|-------------------------------------|-----------------|
| Street Address | | | |
| City | State | Zip Code | |
| Phone Number | Email Address | | |
| | QUESTIONS | | |
| Since you last renewed, has any healthough been disciplined or are formal charges p | are license, certificate, registration, o | r permit you hold or have held | YES NO |
| Since you last renewed, have you been denied a license, certificate, registration, or permit in any state or U.S. territory? | | | YES NO |
| 3. Since you last renewed, and except for reconvictions that have been expunged by been convicted of, pled guilty to, or pled U.S territory? | y a court, have you been arrested, ent | ered into a diversion agreement, | or YES NO |
| 4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action? | | | YES NO |
| 5. Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations – or have you resigned in lieu of discipline or termination? | | | YES NO |
| 6. Have you engaged in the practice of chir chiropractor license? | · | · | YES NO |
| | ORGAN & TISSUE DONOR | | |
| In 2022, the Indiana State Legislature passed a renewing professional licenses via the Indiana transplant, and more than 1,000 of those waiti | Professional Licensing Agency. More th | an 100,000 people are awaiting a li | _ |
| By selecting "yes", I affirm that I wish to be an for transplant, research, and education. At the this online sign-up is binding and is a legal doct application and that the information entered h | time of my death, I understand that mu ument of gift. I do solemnly swear, affir | y family cannot override my decisio | n. I understand |
| Do you want to sign up to be an organ | | YES | NOT TODAY |
| I hereby swear or affirm under the penalties renewal, understand the Board of Chiroprac knowledge. | | _ | • |
| Signature of Licensee | | nonth, day, year) | |

For additional information, please visit us at www.in.gov/pla/.

| FOR OFFICE USE ONLY | | | |
|---------------------|-------------|------|--|
| Renewal Fee | Receipt No. | Date | |